

To:
HealthCheck
"Other Services"
Providers
HMOs and Other
Managed Care
Programs

Reduction of prior authorization requirements for child/adolescent day treatment, a HealthCheck "Other Service"

Effective for dates of service on and after October 1, 2003, providers of child/adolescent day treatment (CADT), a HealthCheck "Other Service," are required to submit a copy of the multidisciplinary treatment plan, which is required under HFS 40.10(1), Wis. Admin. Code, instead of separate interagency and CADT treatment plans.

Child/adolescent day treatment providers are no longer required to routinely submit the results of an Achenbach Child Behavior Checklist or the Child and Adolescent Functional Assessment Scale (CAFAS) for Wisconsin Medicaid prior authorization (PA) review.

Submission of treatment plans

Effective for dates of service (DOS) on and after October 1, 2003, providers of child/adolescent day treatment (CADT), a HealthCheck "Other Service," are required to submit a copy of the multidisciplinary plan, which is required under HFS 40.10(1), Wis. Admin. Code. The multidisciplinary treatment plan includes a summary of services the client will receive from school and any other agencies involved with the child and family as well as the

specific CADT treatment, as described in HFS 40.10(1), Wis. Admin. Code. The multidisciplinary treatment plan must be reviewed and updated at the minimum intervals specified in HFS 40.10(5), Wis. Admin. Code. A copy of the initial multidisciplinary treatment plan must be submitted with the initial prior authorization (PA) request. Copies of the most current multidisciplinary treatment plan, following the schedule in HFS 40.10(5), Wis. Admin. Code, must be submitted with subsequent PA requests. The minimum frequency of treatment plan reviews is based on the level under which the CADT is certified. More frequent reviews are required for changes in the client's or family's condition or circumstances, or upon the request of other individuals or agencies.

Previously, as outlined in the October 1992 *Medical Assistance Provider Bulletin* (MAPB-092-001-Z), titled "WMAP Reimbursement for Intensive In-Home Treatment and Mental Health Day Treatment for Severely Emotionally Disturbed Children and Adolescents," CADT providers were required to submit both an interagency treatment plan and a CADT treatment plan.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a chart that further identifies the current PA requirements for CADT services.

Elimination of the Achenbach Child Behavior Checklist and Child and Adolescent Functional Assessment Scale requirements

Effective for DOS on and after October 1, 2003, CADT providers are no longer required to submit the results of an Achenbach Child Behavior Checklist or the Child and Adolescent Functional Assessment Scale (CAFAS) for Wisconsin Medicaid PA review. Previously, as outlined in the MAPB-092-001-Z, CADT providers were required to submit the results of either the Achenbach Child Behavior Checklist or the CAFAS with the PA request. Wisconsin Medicaid has eliminated this requirement because HFS 40.09, Wis. Admin. Code, which was not in effect when MAPB-092-001-Z was published, does not mandate the use of either the Achenbach Child Behavior Checklist or the CAFAS.

According to HFS 40.09 and 40.10, Wis. Admin. Code, if the CADT provider determines any test or evaluation, such as an Achenbach Child Behavior Checklist or a CAFAS, is necessary for the development of an effective treatment plan, the provider may perform one and maintain it in the medical record. If the consultant adjudicating the PA requests that the

CADT provider submit additional testing or evaluations, the CADT provider may submit the results of the Achenbach Child Behavior Checklist, the CAFAS, or another validated test or evaluation tool. If no such testing has been performed, the CADT provider should then perform one and submit the results to the consultant for PA review.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

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ATTACHMENT

Current and previous prior authorization requirements for child/adolescent day treatment services

The following table outlines the current and previous prior authorization (PA) requirements for child/adolescent day treatment (CADT) services. The current PA requirements are effective for dates of service on and after October 1, 2003.

Forms and attachments	Required by Wisconsin Medicaid for PA effective September 1, 2003	Previously required by Wisconsin Medicaid for PA
Prior Authorization Request Form (PA/RF)	X	X
Prior Authorization/ Child/Adolescent Day Treatment Attachment (PA/CADTA) (Only page 1 of the PA/CADTA is required on subsequent submissions.)	X	X
Verification of HealthCheck screen by a valid HealthCheck screener*	X	X
Physician order* for CADT services	X	X
Child/adolescent day treatment plan and interagency treatment plan		X
Multidisciplinary treatment plan	X	
Achenbach Child Behavior Checklist or Child and Adolescent Functional Assessment Scale results		X

*The HealthCheck screen and physician order may be combined if the performing provider is a Wisconsin Medicaid-certified HealthCheck screener *and* a physician.